PTO/SB/05 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
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11711 1777	Attorney Docket No. PF383D1							
UTILITY	First II	nventor Paul E. Young						
PATENT APPLICATION								
TRANSMITTAL	Title	le Heregulin-like Factor						
(Only for new nonprovisional applications under 37 CFR 1.53(b))								
	Express Mail Label No.							
APPLICATION ELEMENTS			atent Application					
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents P.O. Box 1450						
See MPEP chapter 600 concerning utility patent application con	ntents.	Alexandria, VA 22313-1450						
1. X Fee Transmittal Form (e.g., PTO/SB/17)			duplicate, large table or					
(Submit an original, and a duplicate for fee processing)		Computer Program (Appendix)						
See 37 CFR 1.27.		8. (if applicable, all necessary)						
3. X Specification [Total Pages 93	31	a X Computer Readab	e Form (CRF)					
(preferred arrangement set forth below) - Descriptive title of the invention		b. Specification Sequence	Listing on:					
Cross Reference to Related Applications Statement Regarding Fed sponsored R & D		i. CD-ROM or	CD-R (2 copies), or ii. X Paper					
 Reference to sequence listing, a table, 		c. X Statements verifying	ng identity of above copies					
or a computer program listing appendix - Background of the Invention		ACCOMPANYIN	G APPLICATIONS PARTS					
 Brief Summary of the Invention Brief Description of the Drawings (if filed) 	Assignment Papers (cover sheet & document(s))						
Detailed Description Claim(s)		37 CFR 3.73(b) State						
- Abstract of the Disclosure		(when there is an assignee) Attorney						
	==	11. English Translation Document (if applicable)						
5. Oath or Declaration [Total Sheets 4	4]]] 12. X Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
a. Newly executed (original or copy)		13. Preliminary Amendment						
b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
DELETION OF INVENTOR(S)	15 Certified Copy of Priority Document(s)							
Signed statement attached deleting inventor(s) named in the prior application,	(if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).							
see 37 CFR 1.63(d)(2) and 1.33(b).	Applicant must attach form PTO/SB/35 or its equivalent.							
		17. Other:						
6. X Application Data Sheet. See 37 CFR 1.76 [4 Pages To								
18. If a CONTINUING APPLICATION, check appropriate box,		the requisite information below	and in the first sentence of the specification					
following the title, or in an Application Data Sheet under 37 CFI Continuation X Divisional Continuation		of prior application No.:	09/097,681					
		-	1642					
Prior application information: Examiner K. (For CONTINUATION or DIVISIONAL APPS only: The entire	Canella	Art Unit:						
under Box 5b, is considered a part of the disclosure of the acco								
reference.	DECDO	DENCE ADDRESS						
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Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0	ate July 1, 2003					

PTO/SB/17 (05-03)
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FEE TRANSMITTAL for FY 2003		Complete II Known								
						Not Yet Assigned				
		Filing Date				Concurrently Herewith				
Effective 01/01/2003, Patent fees are subject to annual revision.	First Named Inventor			ntor P	Paul E. Young					
		Examiner Name				Not Yet Assigned				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit_				N/A				
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00		Attom	ey Doo	cket No	o. P	°F383D1				
METHOD OF PAYMENT (check all that apply)	T	FEE CALCULATION (continued)								
Check Credit Money Other None	3. ADDITIONAL FEES									
Card Order Other	3. ADDITIONAL FEES									
X Deposit Account										
Deposit Account 08-3425		Fee Fee Fee Fee Fee								
Number 00 0420	Code		Code	(\$)		Fee Desc	ription	Fee Paid		
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge -	late filing fe	e or oath			
Name The Director Is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge – sheet.	late provisio	onal filing fee or cover			
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English:	snecification	n	\vdash		
Charge any additional fee(s) during the pendency of this	1812		1812		•	•	parte reexamination			
application	1804		1804	920*	Requesting p					
Charge fee(s) indicated below, except for the filing fee	ł		ľ		Examiner act		f SID offer	<u> </u>		
to the above-identified deposit account.	1805 1,840* 1805 1,840* Examiner			Examiner act		or SIH affer				
FEE CALCULATION	1251	110	2251	55	Extension for			\vdash		
1. BASIC FILING FEE	1252		2252	205			n second month			
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	1253	930	2253	465	Extension for	r reply within	n third month			
Fee Fee Fee Fee Fee Fee Pee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension for	r reply within	n fourth month			
1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension for	r reply within	n fifth month			
1002 330 2002 165 Design filing fee	. 1401	320	2401	160	Notice of App					
1003 520 2003 260 Plant filing fee	1402		2402	160	Filing a brief					
1004 750 2004 375 Reissue filing fee	1403		2403	140	Request for o					
1005 160 2005 80 Provisional filing fee	1451		1451			to institute a public use proceeding				
SUBTOTAL (1) (\$) 750.00	1452		2452	55 650		on to revive – unavoidable on to revive - unintentional				
	1453		2453	650				<u> </u>		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501		2501	650	Utility issue for	•	ue)			
Claims below Fee Paid	1502		2502	235	Design issue			1		
Total Claims 21 -20** = 1 x 18.00 = 18.00	1503		2503	315	Plant issue fe					
Claims 6 -3** = 3 x 84.00 = 252.00	1460		1460	130	Petitions to the					
Multiple Dependent =	1807	50	1807	50	Processing fe	ee under 37	CFR 1.17(q)			
Large Entity Small Entity	1806	180	1806	180			on Disclosure Stmt			
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording ea		ssignment per]		
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a subm	nission after	final rejection			
1201 84 2201 42 Independent claims in excess of 3	1810		2810	375	(37 CFR 1.12 For each add	ditional inver				
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375	examined (37	examined (37CFR 1.129(b))				
over original patent	1		1	900		Request for Continued Examination (RCE) Request for expedited examination				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1	1802 900 1802 900 of a desig				n application				
SUBTOTAL (2) (\$) 270.00	1	Other fee (specify)				SURTOTAL (2) (6)				
**or number previously paid, if greater; For Reissues, see above	————	ced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00								
SUBMITTED BY Complete (if applicable)										
Name (Print/Type) Mark J. Hyman Registration No. (Attorney/Agent) 46,789						Telephone (240) 314-1224				
Signature / //						Date	July 1, 2003			